

CASE REPORT

TITLE (Specific, Concise, Comprehensible to readers, Arial 18)

First Author¹, Second-Author², Third-Author^{3*}, ...

(Full name without title, Arial 11 with superscript number to differentiate author affiliations, if they come from the same affiliation, the same superscript number is given. Put (*) symbol for corresponding author)

ABSTRACT (sub-heading, Arial 12, Capital)

(The English abstract for the Aksona Journal is written concisely and clearly with a number of words no more than 250 words which includes the scope of the research consisting of an introduction, objectives, methods, results and conclusions. Abstract is written using Arial font 11, space 1)

Introduction :
.....

Case Presentation :
.....

Discussion :
.....

Conclusion :
.....

Keywords : *(Keywords that represent the main discussion of the article, consisting of 3-5 words, written in alphabetical order, separated by commas and without point in the end of words)*

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1. Affiliation of the first author, City, Country
 2. Affiliation of the Second-author, City, Country
 3. Affiliation of the Third-author, City, Country

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(Content part is written using Arial font 11, space 1,15)

INTRODUCTION (sub-heading, Arial 12, Capital)

Explains the background to the case report or study, its aims, and a summary of the existing literature. The explanation is described in a clear and adequate narrative format and does not use sub-chapters. Include references (relevant literature or research results) used in each sentence as specified in the reference.

CASE PRESENTATION

A description of the patient's relevant demographic details, medical history, symptoms and signs, treatment or intervention, outcomes and any other significant details.

Tables may be prepared in Microsoft Word or Microsoft Excel and must be embedded in the word-processing file. Authors are asked to follow these guidelines: (1) Number tables consecutively using Arabic numerals. (2) Include a descriptive heading that explains the table. (3) Give footnotes a letter designation, and cite in the table by italic superscript letters, labelling sequentially by lines of the table.

The preferred submission procedure is to embed graphic files in the word-processing document near the point where they should appear in the final publication. Separate graphic files may also be included with the submission package. The document settings should be in RGB mode.

DISCUSSION

Should discuss the relevant existing literature related to the presented case. This section describes in detail and concisely the prevalence of cases, important findings in cases, proposed solutions in case resolution, explains the mechanism / pathophysiology of injury or disease on an adequate basis / according to guidelines and etc.

CONCLUSION

Clearly states the main conclusions, including an explanation of their relevance or importance to the field. The conclusion section should explain the summary and main conclusions of the article, address the research problem and objectives, underline / highlight its essence and relevance and provide suggestions or recommendations for future cases.

ACKNOWLEDGEMENTS

(Can be written if needed) In this section a form of thanks can be written to the research contributors without writing a title.

REFERENCES

References should be listed numerically in the text in the order of appearance in Harvard style. Abbreviations of journals should conform to those used in Medline. The use of citation managers (EndNote, Mendeley, Zotero) are not accepted. References should be written as the following:

No	Reference Type	Structure
1	Article within a journal (with 6 authors or more than 6 authors)	<ul style="list-style-type: none"> • Restrepo MI, Reyes LF, Anzueto A. Complication of community-acquired pneumonia (including cardiac complications). <i>Semin Respir Crit Care Med</i>. 2016;37:897-904. • Van der Hooft CS, Heeringa J, van Herpen G, Kors JA, Kingma JH, Stricker BH. Drug-induced atrial fibrillation. <i>J Am Coll Cardiol</i>. 2004;44:2117-24. • Violi F, Carnevale R, Calvieri C, et al. Nox2 up-regulation is associated with an enhanced risk of atrial fibrillation in patients with pneumonia. <i>Thorax</i>. 2015;70:961-6.
2	Article within a journal with no page numbers	Rohrmann S, Overvad K, Bueno-de-Mesquita HB, Jakobsen MU, Egeberg R, Tjønneland A, et al. Meat consumption and mortality - results from the European Prospective Investigation into Cancer and Nutrition. <i>BMC Medicine</i> . 2013;11:63.
3	Article within a journal by DOI	Slifka MK, Whitton JL. Clinical implications of dysregulated cytokine production. <i>Dig J Mol Med</i> . 2000; doi:10.1007/s801090000086.
4	Article within a journal supplement	Frumin AM, Nussbaum J, Esposito M. Functional asplenia: demonstration of splenic activity by bone marrow scan. <i>Blood</i> 1979;59 Suppl 1:26-32.
5	Book chapter, or an article within a book	Wyllie AH, Kerr JFR, Currie AR. Cell death: the significance of apoptosis. In: Bourne GH, Danielli JF, Jeon KW, editors. <i>International review of cytology</i> . London: Academic; 1980. p. 251-306.
6	Complete book, authored	Blenkinsopp A, Paxton P. Symptoms in the pharmacy: a guide to the management of common illness. 3rd ed. Oxford: Blackwell Science; 1998.
7	University site	Doe, J. Title of preprint. http://www.uni-heidelberg.de/mydata.html (1999). Accessed 25 Dec 1999.
8	Organization site	ISSN International Centre. The ISSN register. http://www.issn.org (2006). Accessed 20 Feb 2007.